

BUSINESS PARTNER AUTOMATION APPLICATION

FIRST-LINE BUSINESS PARTNER

☐ AMENDED

TO INCLUDE

I. APPLICATION FOR FIRST-LINE BUSINESS PARTNER

DOING BUSINESS AS (DBA)

STREET ADDRESS CITY STATE ZIP CODE

INTERNET/E-MAIL ADDRESS DAYS AND HOURS OF OPERATION

IRS FEDERAL TAX ID NUMBER:

II. TYPE OF OWNERSHIP

☐ Sole Owner ☐ Partnership ☐ Association ☐ Corporation ☐ Limited Liability Company (LLC)

III. SOLE OWNER OR CORPORATE NAME

OWNER/OR CORPORATION AS FILED WITH THE SECRETARY OF STATE CORPORATION NUMBER

STREET ADDRESS OF PRINCIPAL PLACE OF BUSINESS CITY STATE ZIP CODE

IV. CONTACT PERSON *(Must be authorized designee of the firm.)*

NAME LAST FIRST MIDDLE

STREET ADDRESS CITY STATE ZIP CODE

OFFICE TELEPHONE NUMBER FAX NUMBER

V. AGENT FOR SERVICE OF PROCESS *(Required if physical address is located out of state.)*

NAME OF FIRM

DESIGNEE'S NAME LAST FIRST MIDDLE

OFFICE TELEPHONE NUMBER FAX NUMBER

VI. ESTIMATED VOLUME OF TRANSACTIONS YOU WILL PROCESS ANNUALLY

ADD TO/DELETE FROM PFR FLEET	DUPLICATE TITLE	JUNK	NONREVIVABLE JUNK	LEGAL OWNER TRANSFER
MISCELLANEOUS ORIGINALS	NEW VEHICLES	NEW VESSELS	NONRESIDENTS	REGISTERED OWNER TRANSFER
REGISTRATION RENEWAL	SALVAGE	NONREPAIRABLE	SUBSTITUTE STICKER/PLATE/REG CARD	VLF REFUND

VII. OCCUPATIONAL LICENSEE: REGISTRATION SERVICE #: DEALER #:

VIII. NAMES OF EMPLOYEES WHO WILL PROCESS THE TRANSACTIONS *(Attach paper if additional space is needed.)*

EMPLOYEE NAME EMPLOYEE NAME

EMPLOYEE NAME EMPLOYEE NAME

EMPLOYEE NAME EMPLOYEE NAME

IX. ALL PHYSICAL LOCATION(S) WHERE DMV INVENTORY (LICENSE PLATES, STICKERS, PAPER) WILL BE MAINTAINED

STREET ADDRESS CITY STATE ZIP CODE

X. CERTIFICATION (Blue ink)

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. If my company does not fulfill its responsibilities or no longer qualifies as a Business Partner as described in the Business Partner Automation Agreement, I understand the department may cancel, suspend, or revoke my participation in the Business Partner Automation Program.

SIGNATURE OF AUTHORIZED AGENT FIRM NAME

X
 PRINTED NAME OF AUTHORIZED AGENT TITLE TELEPHONE NUMBER DATE

BUSINESS PARTNER AUTOMATION DECLARATION

_____ declares that the following officers, partners, stockholders,

(BUSINESS NAME)

and/or directors are the only officers, partners, stockholders, and/or directors who participate in the direction, control and management of the affairs of the Business Partner in the State of California:

NAME	TITLE				EFFECTIVE DATE
	PARTNER	OFFICER	DIRECTOR	PRINCIPAL STOCKHOLDER	

_____ declares that the following Limited Liability Company

(BUSINESS NAME)

member(s) are the only Limited Liability Company member(s) who participate in the direction, control, and management of the affairs of the Business Partner in the State of California:

NAME	EFFECTIVE DATE

I certify that I am the official custodian of the records of this corporation and have the authority to affix the corporate seal.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE

X

DATE

TELEPHONE NUMBER

Return the completed application and fees to:

Department of Motor Vehicles
Business Partner Automation Program
P O Box 825393, MS C383
Sacramento CA 94232-3280